

United States Department of Agriculture

Date Submitted

Name of Permittee

National Forest Service

Siuslaw National Forest

Central Coast Ranger District P.O. Box 400 Waldport, OR 97394

tel: (541) 563-8400 fax: (541) 563-8449

Phone _____



Commercial Firewood Permit Request Form

Fall 2016- Winter 2017

- Please mark your desired trees or logs with flagging (paint is not authorized). Write your name and date on the flagging. Flag roadside and trail to tree and completely around bole of tree.
- ♦ IF TREE AND TRAIL IS NOT FLAGGED AND YOUR NAME IS NOT ON THE FLAGGING, YOUR REQUEST WILL NOT BE APPROVED.
- 6 cord minimum, 15 cords maximum. Allow a minimum of two weeks for processing your request.
- ALL TREES REQUESTED AND APPROVED ON A REQUEST FORM WILL BE INCLUDED IN A SINGLE PERMIT.

etailed Description (in	clude FS Road num	nbers, mileage distances from roa	ads or landmarks	(use your
ehicles trip meter to m	easure from neare	st landmark to specify tree locati	on), legal descrip	tion,
color of flagging used, e	etc.) Road(s)	, T R	Sec(s)	
Number of Trees	Species	Numbe	r of Cords Reques	
		nd is not an authorization to cut		_
Permits and require	ed tags are to be o	btained at the office listed below	w within 30 days o	or approvar.
		fice use only ————		or approvai.
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Date Received	ved	fice use only ———— Receiving Office: Waldport	Reedsport	Corvallis
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<u>Detailed Description</u> (include FS Road numbers, mileage distances from roads or landmarks (use your ve						
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flagging used, etc.) Road(s)	_, T		_ Sec(s)			
						
						
						